MDR Tracking Number: M5-04-1119-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on December 18, 2003.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits (99215/99213), joint mobilizaton (97265), therapeutic activities (97530), myofascial release (97250), neuromuscular re-education (97112), ROM measurements (95851), and ultrasound therapy (97035) were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On March 17, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 19 days of the requestor's receipt of the Notice.

Review of the requestor's and respondent's documentation revealed that neither party submitted copies of EOB's, however, review of the recon HCFA reflected proof of submission. Therefore, the disputed services will be reviewed according to the 1996 Medical Fee Guideline.

- CPT Code 95831 for dates of service 03/13/03 and 05/27/03. EOBs were not submitted. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(E)(4) reimbursement in the amount of $58.00 ($29.00 x 2) is recommended.

- CPT Code 97530 for dates of service 03/31/03, 04/02/03 and 04/04/03. EOBs were not submitted. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(11)(b) reimbursement in the amount of $105.00 ($35.00 x 3) is recommended.

- CPT Code 99213 for date of service 04/04/03. An EOB was not submitted. Per the 1996 Medical Fee Guideline, Evaluation & Management (IV)(C)(2) reimbursement in the amount of $48.00 is recommended.

- CPT Code 97250 for date of service 04/04/03. An EOB was not submitted. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(C)(3) reimbursement in the amount of $43.00 is recommended.

- CPT Code 97265 for date of service 04/04/03. An EOB was not submitted. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(C)(3) reimbursement in the amount of $43.00 is recommended.

- CPT Code 97112 for date of service 04/04/03. An EOB was not submitted. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(10)(a) reimbursement in the amount of $35.00 is recommended.

- CPT Code 95851 for date of service 05/27/03. An EOB was not submitted. Per the 1996 Medical Fee Guideline, Medicine Ground Rule(I)(E)(4) reimbursement in the amount of $36.00 is recommended.

- CPT Code 99070 for date of service 07/21/03. An EOB was not submitted. Per the 1996 Medical Fee Guideline, General Instructions (IV) any single supply that is billed at $50.00 or greater must meet DOP criteria. Per the 1996 Medical Fee Guideline, General Instructions (III)(A)(1-3), health care provider did not meet the criteria requirements. Reimbursement is not recommended.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 03/13/03, 03/31/03, 04/02/03, 04/04/03 and 05/27/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 9th day of October 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf

Enclosure: IRO Decision

Envoy Medical Systems, LP
1726 Cricket Hollow
Austin, Texas 78758

Ph. 512/248-9020 **Fax 512/491-5145**
IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

March 12, 2004

Re: IRO Case # M5-04-1119 amended 9/28/04

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic, who is licensed by the State of Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient injured her left shoulder, left knee, neck and lower back in ___ when she slipped and fell. MRI evaluation was performed. Shoulder and knee surgery were performed. The patient was also treated with medication, physical therapy and chiropractic treatment.

Requested Service(s)
Office visits 99215 / 99213, joint mobilization 97265, therapeutic activities 97530, myofascial release 97250, neuromuscular re-education 97112, ROM measurements 95851, ultrasound therapy 97035, 3/12/03 – 5/27/03

Decision
I agree with the carrier's decision to deny the requested services.

Rationale
The patient had an ongoing and chronic course of chiropractic treatment that had been of little benefit subjectively and objectively. The patient is described as being 5'2" tall and weighing 245 pounds, with diabetes. MRIs of the left knee, shoulder and lumbar spine revealed degenerative changes. The patient also has a history of musculoskeletal pain. All of these factors suggest a poor prognosis with conservative treatment, yet treatment continued some two years post injury without documented relief of symptoms or improved function. The patient received more than adequate treatment and was placed at MMI on 4/1/02, some 11 months prior to the dates in dispute. No documentation has been presented for t1his review to support chiropractic treatment beyond the MMI date. Treatment past an MMI date should be reasonable and effective in relieving symptoms or improving function, and in this case it was not. The continued use of failed conservative treatment past an MMI date does not establish a medical rationale for additional non-effective treatment.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

_____
Daniel Y. Chin, for GP